24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E) PAGE 1 OF 2 FOR SE OF FORM 24/4					
N	AME OF COMMITTE (In Full)		FEC ID	ENTIFICATION	ON NUMBER ▼
American Crossroads				C00487363	
Check If Z 24-hour report 48-hour report New report Amends report filed on					
	Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA LLC Mailing Address 66 CANAL CENTER PLAZA STE 555		10 /	31	2012
	City State Zip Code ALEXANDRIA VA 22314	Transac	tion ID		837115.06
	Purpose of Expenditure TV / MEDIA PLACEMENT Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	ffice Sough	it:	House Senate President	State: District:
		heck One:		Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought Diagram 84552449.92	isbursemen 12 Oth	t For: [her (spe	Primary ecify) •	General
	Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA LLC		10 M	31	2012
	Mailing Address 66 CANAL CENTER PLAZA STE 555	Amour	nt		
	City State Zip Code ALEXANDRIA VA 22314	Transac	ction ID) : E.002	3169221.27
	TV / MEDIA PLACEMENT Type	office Sough	nt:	House Senate President	State:
	Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA CI	heck One:		Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	isbursemen 12 Otl	nt For: [Primary ecify)	General General
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Caleb Crosby [Electronically Filed] Date Signature	M M /	31	/ Y Y 201:	2
	Oignature -				

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 2 FOR SE OF FORM 24/48					
NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼						
American Crossroads	C C00487363					
Check If X 24-hour report 48-hour report New report Amends report filed on						
Full Name (Last, First, Middle Initial) of Payee						
UPGRADE FILMS	Date M M / D D / Y Y Y Y Y Y Y Y Y					
Mailing Address 3299 K ST NW, STE 200	Amount					
City State Zip Code						
WASHINGTON DC 20007	936.00 Transaction ID : E.003					
Purpose of Expenditure TV / MEDIA PRODUCTION Category/ Type	Office Sought: House State: Senate District:					
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———					
BARACK OBAMA	Check One: Support Oppose					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) of Payee	Date					
	M M / D D / Y Y Y Y					
Mailing Address	_					
	Amount					
City State Zip Code						
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:					
	President District:					
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose					
Calendar Year-To-Date Per Election	Disbursement For: Primary General					
for Office Sought	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(a) 333131112 of Officering Cod interpretation Experientation institution in the code of t						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Caleb Crosby [Electronically Filed] Data	M = M / D = D / Y = Y = Y = Y					
Signature Date 10 31 2012						